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## TRANSMITTAL FORM

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initial filing)*

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		<b>Application Number</b>	10/808,008
		<b>Filing Date</b>	March 24, 2004
		<b>First Named Inventor</b>	Cady, Roger
		<b>Group Art Unit</b>	1653
		<b>Examiner Name</b>	Kam, Chi, Min
<b>Total Number of Pages in This Submission</b>	7	<b>Attorney Docket No.</b>	57294-021

### **ENCLOSURES (check all that apply)**

<input type="checkbox"/> Charge Deposit Account -08-3460 <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declarations(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Petition For Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR 1.137(b))	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Request To Rescind Previous Nonpublication Request <input type="checkbox"/> Response to Notice of Allowability <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: <input checked="" type="checkbox"/>		Commissioner is hereby authorized to charge fees in this application and any fees which may be required, or any overpayment, to Deposit Account 08-3460. I have enclosed a duplicate copy of this sheet
		<input type="checkbox"/> Amount: \$ _____

### **SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	H. Frederick Rusche
Signature	
Date	March 7, 2006

### **CERTIFICATE OF EXPRESS MAILING** **Express Mail No. EV331017755US**

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Date: 03/07/06

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Signature			

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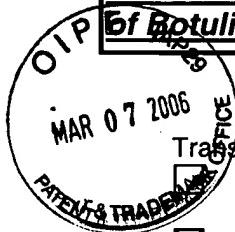
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Express Mail No.:EV331017755US	Attorney Docket No.	57294-021	First Inventor: Cady, Roger
<b>AMENDMENT TRANSMITTAL LETTER</b>		Serial No.	10/808,008
<b>Title: Method and Article for Treatment of Sensory Neuron Related Disorders through the Application of Botulinum Toxin</b>		Filing Date	March 24, 2004
		Examiner	Kam, Chih Min
		Group Art Unit	1653

**TO THE ASSISTANT COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

Large Entity Status

- Small Entity status of this application has been established under 37 CFR 1.27

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED – PART II					SMALL ENTITY		OTHER THAN SMALL ENTITY	
AMENDMENT	(Column 1)		(Column 2)	(Column 3)	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	x \$25.00=	\$ 0.00	x \$50.00=	\$ 0.00
Total (37 CFR 1.16(c))	*	Minus	**	=	x \$100.00=	\$ 0.00	x \$200.00=	\$ 0.00
Independent (37 CFR 1.16(b))	*	Minus	** *	=	x \$180.00=		x \$360.00=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					TOTAL ADDIT. FEE	\$ 0.00	TOTAL ADDIT. FEE	\$ 0.00

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

- Petition of Extension of Time.
- No additional fee is required for amendment.
- A check in the amount of \$ is enclosed.
- The Commissioner has already been authorized to charge fees in this application to a Deposit Account. 08-3460.
- The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 08-3460. I have enclosed a duplicate copy of this sheet.
- Any additional filing fees required under 37 C.F.R. 1.16.
- Any patent application processing fees under 37 C.F.R. 1.17.

Signature

Date: 03/07/06

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 I hereby certify that these documents are being deposited on March 7, 2006 with the U.S. Postal Service as Express Mail Label No. EV331017755US under 37 CFR 1.10 and is addressed to MAIL STOP AMENDMENT, Commissioner for Patents, Alexandria, VA 21313-1450

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03-08-06  
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Cady, Roger	Group No.: 1653
Serial No.: 10/808,008	Atty. Docket No.: 57294-021
Filed: 03/24/2004	
For: Method and Article for Treatment of Sensory Neuron Related Disorders through the Application of Botulinum Toxin	Examiner: KAM, Chih Min

MAIL STOP Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT AND RESPONSE**

HONORABLE SIR:

Responsive to the official communication of December 7, 2005, Applicant submits the following Amendments and Remarks.

It is not believed that extensions of time are required beyond those, which may otherwise be provided for in documents accompanying this Amendment. However, in the event that additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned for under 37 C.F.R. § 1.136(a), and any fees required therefore are hereby authorized to be charged to our Deposit Account 08-3460.